

**PREPARED TESTIMONY REVIEW**

**1. TO:**  
**DIRECTOR, FREEDOM OF INFORMATION AND SECURITY REVIEW**

**2. DATE**

The attached document is forwarded for review in accordance with paragraph D.2.a.(2), DoD Directive 5400.4.

**3. DESCRIPTION OF DOCUMENT**

**4. WITNESS**

**5. COMMITTEE/SUBCOMMITTEE**

**6. HEARING DATE AND SUBJECT**

**7. PAGE COUNT**

**8. THIS DOCUMENT IS FOR** *(X applicable term)*

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**9. UPON COMPLETION NOTIFY**

a. NAME *(Last, First, Middle Initial)*

b. AGENCY

c. TELEPHONE *(Include Area Code)*

**10. DIRECT QUESTIONS TO**

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**11. REQUEST CLEARANCE NO LATER THAN** *(YYYYMMDD)*

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